


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000003080</b>	
1. Entity Name 21ST CENTURY PAVILION, INC.	

Principal Place of Business 5132 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652	Mailing Address GOERGE N. KLIMIS P.A. 27 E. ORANGE ST. TARPON SPRINGS, FL 34689 US
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3291019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KLIMIS, GEORGE N.  
27 E. ORAGNE ST.  
TARPON SPRINGS, FL 34689

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000346002  
04/30/05-80059-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAIN, RUSSELL T
STREET ADDRESS	6121 FJORD WAY
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652

TITLE	ST
NAME	BLOCK-BAIN, CYNTHIA
STREET ADDRESS	137 SCOTT DR
CITY - ST - ZIP	ATLANTIC BEACH, NY 11509

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Russell T. Bain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/05 Daytime Phone # \_\_\_\_\_